

NISQUALLY INDIAN TRIBE

TRIBAL EMPLOYMENT RIGHTS OFFICE

TERO REFERAL APPLICATION

Date:/		,			
Name; Last:	First:	Middle:			
Address:					
Primary phone:S					
Email address:		· 			
Native American status: Nisqually:					
Spouse or descendent of Nisqually Tribal Mem	nber? Name of 7	Tribal Member:			
Other Tribal member:	enrollment numbe	er:			
If you are claiming Tribal or Native American p	preference you must pro	ovide Tribal ID that states blood degree.			
Do you have a valid driver's license?	License number:				
Do you have a CDL? Typ	oe?				
Other endorsements:					
Do you belong to a labor union?					
Have you served in the U. S. Armed Forces?					
Type of Discharge?	Date of disch	narge:			
are you classified as a disabled Vet? Disabled Vet status rating?					
Special military training you would like to have					

Do you have reliable transportation?						
Will child care become a problem if you are employed	oyed?	· · · · · · · · · · · · · · · · · · ·				
Is fishing your usual occupation?	How many month	s a year?				
Are you a student? Do you have	ve a high school diplor	ma or GED?				
Have you ever been convicted of a felony?	If yes, provid	de details?				
List education and training you have received.						
School:	Graduate?	Degree:				
School:	Graduate?	Degree:				
School:	Graduate?	Degree:				
School:	Graduate?	Degree:				
List your work history, start with most recent.						
Employer:	Address:					
Position:	Supervisor:					
Phone #:	From / to:					
Reason for leaving:			· 			
Employer:	Address:					
Position:	Supervisor:					
Phone #:			_			
Reason for leaving:						

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Employer:	Address:
Position:	Supervisor:
	From / to:
Reason for leaving:	
Employer:	Address:
Position:	Supervisor:
Phone #:	From / to:
Reason for leaving:	
Qualifications	
List any qualifications you have in the	following categories.
Power Equipment operator:	
Laborer:	
Building Trades:	
Food and beverage:	·
Retail:	
·	
Gaming / hospitality:	
Clerical:	

List any special skills, tr	aining, certificates you	u feel would be a benef	it for the position	you are applying for.
				w.
		*		
List any training you are	e interested in receivin	.g:		
		·		
			<u></u>	

I hereby affirm that all a knowledge. I authorize a omission of material fac complete all papers and	an official investigation ts is cause for cancella	on of any statements and ation of my application,	d understand that i	· · · · · · · · · · · · · · · · · · ·
Signature:			Date:	
	FOR T	ERO OFFICE USE ON	VLY	
Received by:			Date:	

NISQUALLY TERO

4820 She-Nah-Num Dr. SE

Olympia, WA 98513